



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kido	Clarence	Michael	(808) 674-3282
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3349
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Estate of James Campbell			(808) 674-6674
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Estate of James Campbell			(808) 674-6674
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Clarence M. Kido			(808) 674-3282
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3349
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Clarence M. Kuo

(Signature of Lobbyist)

2/10/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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**Stephen H. MacMillan**

**Chief Executive Officer**

NAME OF ORGANIZATION (if applicable)

TELEPHONE

**The Estate of James Campbell**

**(808) 674-3283**

MAILING ADDRESS (Street)

FAX

**1001 Kamokila Blvd.**

**(808) 674-3349**

(City)

(State)

(Zip Code)

**Kapolei**

**HI**

**96707**

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Date)

**2-17-05**